CLAIMS ONLY

Application Number	Filing Date
10/500700	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		5				
8		8				
9		5				
10		2				
11	1					
12		1				
13		1				
14		1				
15		1				
16		2				
17		5				
18		2				
19		5				
20		2				
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45						
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47						
48						
49						
50						
Total Indep	2					
Total Depend	40					
Total Claims	42					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						